



## FIRST THINGS FIRST

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February 2, 2011

Dear Members of the Health Policy Advisory Committee:

Following the Health Policy Advisory Committee meeting, Pat Van Maanen, Jeanette Shea, Leslie Anderson and First Things First staff convened to discuss the issues that arose and worked to find additional clarity and specificity for the tasks that are ahead. The purpose of this letter is to provide guidance related to your questions and to articulate our approach and the committee's tasks for the next six months.

### Supplantation

Attached are several documents that the Board used as guidance in making decisions regarding direct services, prenatal care, early intervention and supplantation. Related to supplantation, the Board's interpretation to date is to avoid allocating funds into an existing program or service that is currently, or was funded in the past through the state's general fund. However, the Board has been willing to support programs similar to, or to supplement existing programs (*i.e.*, home visiting, child care scholarships, pre-K expansion). First Things First has also avoided setting up parallel systems/programs and works to support established systems.

### Direct Service

In regard to direct service, the guidance from the Board is to "focus on ways to connect young children and families to the systems currently available, rather than developing new systems for health service delivery." This is obviously an evolving discussion as the landscape of the health system has changed dramatically in the last two years, and will change dramatically once again when Federal Health Care reform takes effect.

### Next Steps - Goal & Indicator Selection Process

Attached is the "Arizona Early Childhood Taskforce System and Priority Recommendations", a document that specifically highlights the five health priority roles. Upon further discussion, rather than simply focusing on the First Things First health priority role selected by the Board (in bold on the attachment), we realized it would be most productive to discuss and develop goals and indicators for all of the health related roles generated by the Taskforce in the third column. In doing so, we request you keep in mind the following:

1. Columns 1, 2 and 3 are formal recommendations from the Taskforce and are, therefore, not available for adjustment.
2. The Health Policy Advisory Committee will focus on reviewing, editing, and defining column 4 (goals) for all five health priorities.
3. The Health Policy Advisory Committee will develop and recommend indicators in column 5 for all five health priorities.

4. These recommendations will follow the “Advisory Committee Decision-Making Process Map”, go to the Program Committee, and upon review, to the state Board.
5. At this point Priority #2, Access to Quality Health Care Coverage and Services, will remain the health priority from the Taskforce; therefore, related indicators will be tracked statewide. However, as the Health Policy Advisory Committee completes the goal and indicator development process, the committee may determine and reach consensus that one of the other priority areas should be the one tracked statewide. If this occurs, the committee may make this recommendation to the Board’s Program Committee.

I presume this information may raise additional questions or discussion points. We will arrange for some time on the next Health Policy Advisory Committee agenda to further clarify any questions you may have.

We are grateful for your continued participation and engagement as we navigate through these complex issues. I look forward to seeing you in February at the next Health Policy advisory Committee meeting.

Sincerely,



Rhian Evans Allvin  
Executive Director

cc: Steven W. Lynn, Board Chair  
Dr. Pamela Powell, Board Member and Program Committee Chair